(04 0000)14897

(Requestor's Name)	-
(Address)	_
(Address)	_
(City/State/Zip/Phone #)	-
PICK-UP WAIT MAIL	
(Business Entity Name)	_
(Document Number)	-
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:]
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08/27/07--01043--007 **25.00

SECRETARY OF STATE

Of

COVER LETTER

Division of Corporations		
SUBJECT: THERA-MED SYSTEMS, LLC		
(Name of Limited Liability Company)		
	•	
The enclosed Articles of Dissolution and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
RICHARD GANT		
(Name of Person)		
· · · · · · · · · · · · · · · · · · ·		
(Firm/Company)	-1 ~	
4095 STATE ROAD 7, #L132	DOJ F	समद्वास
(Address)	AHA AHA	energy and
WELLINGTON, FLORIDA 33467	PJ I	777
(City/State and Zip Code)	OH I	Cane.
For further information concerning this matter, please call:	CRETARY OF STATE LAHASSEE, FLORIO	
RICHARD GANT		
(Name of Person) (Area Code & Daytime Telephone Num	ber)	
Enclosed is a check for the following amount:		
\$25.00 Filing Fee \$\ \text{Certificate of Status} S55.00 Filing Fee & Certificate of Certi	Status &	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle,
Tallahassee, FL 32301

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

2/2	10000	
2. The Articles of Organization were filed on 2/9	2006 and assigned document r	number
L06000014897		
3. The date the dissolution was approved: AUG	JST 1, 2007 TASECH A	, score
4. A description of occurrence that resulted in the l 608.441, Florida Statutes, (copy 608.441 on bac	imited liability company's dissolution pursuant-to section	
THERE ARE NO LONGER ANY]
	1. S. J.	<u> </u>
	프트 c	2
5. CHECK ONE:		
مكره ومانوالنامانا ليسم وسمانوه بالمام معطول المارا		
OR-	he limited liability company have been paid or discharge he debts, obligations and liabilities pursuant to s. 608.44	
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